

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
Mail: 135 State House Station, Augusta, Maine 04333

Office: 45 Memorial Circle, Augusta, Maine

MAR 04 2011

Maine Ethics Correct

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2010 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2010 through December 31, 2010

Please file this statement with the <u>Clerk of the House</u> or <u>Secretary of the Senate</u> by 5:00 p.m. on February 18, 2011. Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

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) LEGISLATOR INFORMATION	
Name Laren D. Foster Mailing address 659 Church Hill Rd. City, zip code Augusta, Me 04330	Office: House Senate District 58
City, zip code Augusta, Me 04330	Phone 622-2930
PART 1. INCOME DERIVED FROM EMPLOYMENT BY AN	OTHER
List the name and address of each employer from whom you received compensation of \$1,000 economic activity of each employer.	or more. Specify the principal type of
None	MACCOCINE to the state of the s
Name of Employer State of Me. Address	Principal Type of Economic Activity of Employer
	Legislator Listrict #00
	District 58
PART 2. INCOME DERIVED FROM SELF-EMPLOYMENT OR LAW	/ PRACTICE
A. List the name and address of your business or law firm, if any, and list the major areas of econor derived income. If associated with a partnership, firm, professional association, or similar business eactivity or practice of that entity.	mic activity or practice from which you entity, list the major areas of economic
None	
Name and Address of Business Entity or Law Firm Major Areas of Economic Activity/ Law Practice (self)	Major Areas of Economic Activity/ Law Practice (partnership, association, firm or similar business entity)
Name:	The state of the s
Address:	
Name:	
Address:	

PART 2 (continued). INCOME DERIVED FF	ROM SELF-EMPLOYMENT
T 4 1,000 1 14 100 100 10 dreater, and specify the filling	icipal type of economic acti aw rule or an established or	that represents more than 10% of your gross income or ivity of the entity or person from whom you derived such ode of professional ethics, specify only the principal type of
Name and Addre	ess of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name: Floster Ins. Agency. Address:		Annuitig
Name: Address:		
	3. OTHER SOURCES O	
List each source of income of \$1,000 or more not liste box.	ed in Parts 1 or 2 of this form	n. Do not include gifts or honoraria. If none, check the
None Social Scares	ite (Fed)	
Name and Address		Kind of Income (investments, leases, etc.)
Name: Address:		
Name: Address:		
Name: Address:		< S
PART	4. REPORTABLE LIAB	ILITIES
List the names of creditors for any <u>unsecured</u> loans of areas of economic activity of each creditor. Do not list regulated financial institutions. If none, check the box.	of \$3,000 or more that you credit card liabilities, educat	received during the reporting period, and list the major ional loans, loans from a relative, or business loans from
None		
Name and Address	of Creditor	Principal Type of Economic Activity of Creditor
Name: Address:		
Name:		
PAR	RT 5. REPORTABLE GIF	-TS
ist the specific source of gifts received during the report		Į.
None		
Name of Source of Gift		Name of Source of Gift
	3.	
The state of the s	4.	

	REPORTABLE H		
List the source of any honoraria accepted for appearances	or speeches. If non	e, check the box.	terminanten anno 1866, andre ante anno 1865, il have the terminal attendance in terminal
None	n dissonation more type agreement to the title at a become not consistency or the party of 17 (1888). And	Monaroon , 31 'Y Mikailanaan asar qornan y Y Yo ku ki kadilidadaa asar asar 325 mil 1888 Sistema	
Name of Source of Honoraria	TO COMPANY OF THE WAY OF THE PROPERTY OF THE P	Name of Sou	rce of Honoraria
1.	3.		
2.	4.	eritische Anne ereiten von 1980er, d. z.	and the state of t
PART 7. REPRESEN	NTATION BEFOR	F STATE AGENCIES	
List each executive branch agency before which you represbox.			of any amount. If none, check
None	ranta de la sesta de la companio de la compositor de la companio de la companio de la companio de la companio d -	THE STATE OF THE S	nethernethernethernethernethernethernethernethernethernethernethernethernethernethernethernethernethernetherne
Name of Agency		Name o	f Agency
1.	3.	Medicinacia) Pilipi Pondi Biologica Internation — minet for professional del del del dischold in proprieta del del des executivos del	makkaninanin makkan salahin makkan menjangan mengan mengan dalah kan kaninan anaman mengan mengan dalah kanina
2.	4.	r digit salam milakan rangan salam gipakki. Suruk kap sanan gipan pengan pengan pengan pengan pengan pengan pe	
The state of the s	NESS WITH STAT		
List each executive branch agency to which you or a memb \$1,000 during the reporting period. Indicate whether you or a	per of your immedia a family member solo	te family sold goods or s d the goods or services.	services with a value in excess If none, check the box.
None	The second secon		
Name of Agency		Name of	Agency
1.	3.		
2.	4.	un ilikkalah mengendigia ciahari kalengangan pangangan di diakan berberapan-sangan kanakan	
PART INCOME RECEIVE	> DV BACKADEDO		
PART 9. INCOME RECEIVED List the type of economic activity representing each source of dependent child(ren) during the reporting period and the kind of \$1,000 or more, list his or her name and job title. List only that include gifts.	of income of \$1,000 of income represen the job title of depen-	or more received by you ated. If your spouse or do dent children who receive	ur spouse or domestic partner o
Name of Spouse or Domestic Partner and Job Title	Representing S	nomic Activity Source of Income eived	Kind of Income
iame: Thomas E Foster	1. 2.	1.	
on Title: "T"	3.	2. ; 3.	
Dependent Child(ren) - Job Titles Only	MBBC PARTICIPATION AND AND AND AND AND AND AND AND AND AN	NII да Астинистия и менен выполняе под почет на приняти до вый до на почет на приняти до выда в почет на приня -	
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b Title:	Billion and Control of the Control o	reng a silinamen naggini pini ini ku karangan di jili jih hid maker da maran 19 apangki ini ini bibanka	The state of the s
b Title:	Announced States (1975) (States of the section of t	Milleline a.c. w. Mills. Macamous yearning languistica, any one of mills or gradient angulation and in the second	

	PART 10. OFFIC	ER OR DIRECTO	R POSITIONS	<u> </u>	
I lield ally olik	profit or nonprofit corporation, firm, association, pa ce, trusteeship, directorship, or position of any nat apensated. If a family member listed, indicate you	ture. Indicate wheth	ier vou or a family bak	the position and w	diate family hether the posi
None	The second secon	annanga ang ang ang ang ang ang ang ang	elementerioristis (). Busilines ami meno en en 1970 (1984) al elementerioristis (1977). -	kilikalisa Wikilikan meriman mengapapan penjada Caribalika di kilikalisa kerapan penancagan pelaba	Kirikishi - musar menggira, "Yaki kikabih mer menda h. "Kiriki.
	Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?
		mental, particular transmit described and transmit and tr	Select		Select
Colored to the colore			Select	The state of the s	Select
			The state of the s	i dan ya wakalanda aya ga ka	
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Lar	false statement, it shall refer its findings of f	—	3-1-	// ate	
		IAL INFORMATIO		÷	
Please provid the information	e any additional information below (and on a n you are providing. Use additional pages, i	additional sheets in finecessary.	f needed). Indicate	the part or section	n number for
Part/Section Number	The state of the s				
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other traditions				,	